



Husson University Sport Camp/Clinic Waiver/Release of Liability

In consideration of _____, my child, being allowed to participate in any way in any of the Husson University sports clinics/camps related events and activities the undersigned acknowledges and agrees:

1. The undersigned parent or legal guardian and player hereby acknowledges that participating in the above Husson University Camp/Clinic and its competition carries with it the potential risk of injury, and as such the undersigned hereby assumes the risk of such possible injury. I do understand that there is a small risk of potentially catastrophic injury by participating. I assume financial and legal responsibility for any injury or injuries suffered during participation in the above mentioned sports camp/clinic. I am aware of the risks and assume the responsibilities associated with participation in the sports listed above.

2. Recognizing the possibility of physical injury associated and in consideration for Husson University Camps/Clinics accepting the registrant for its programs and activities (the "Programs"), I hereby release, discharge and/or indemnify Husson University, its directors, coaches, sponsors, employees and associated personnel, including the facilities utilized for the Programs, against any claim, loss, damage or other disability.

3. Husson University, its employees or agents are not responsible for accidents and medical and dental expenses incurred as a result of participation in this program.

4. My child is covered by family/personal insurance and is in good health and able to participate in the physical activity of a rigorous program.

5. For myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I, _____, declare that I am the Father/Mother/Guardian of the above named minor.
(Full name of parent or guardian) (circle correct title)

Signature of Parent or Guardian Date

Insurance Company: _____

Policy # or Group #: _____

Medical Information:

Allergies: _____

Medication presently taking: _____

Past illness or other information that would be useful in the event that treatment is necessary:

Emergency Numbers:

Father home: _____ Father work: _____ Father cell: _____

Mother home: _____ Mother work: _____ Mother cell: _____

A phone number to call if parents cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Please check one of the following:

☐ I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment deemed necessary (including surgery, X-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse).